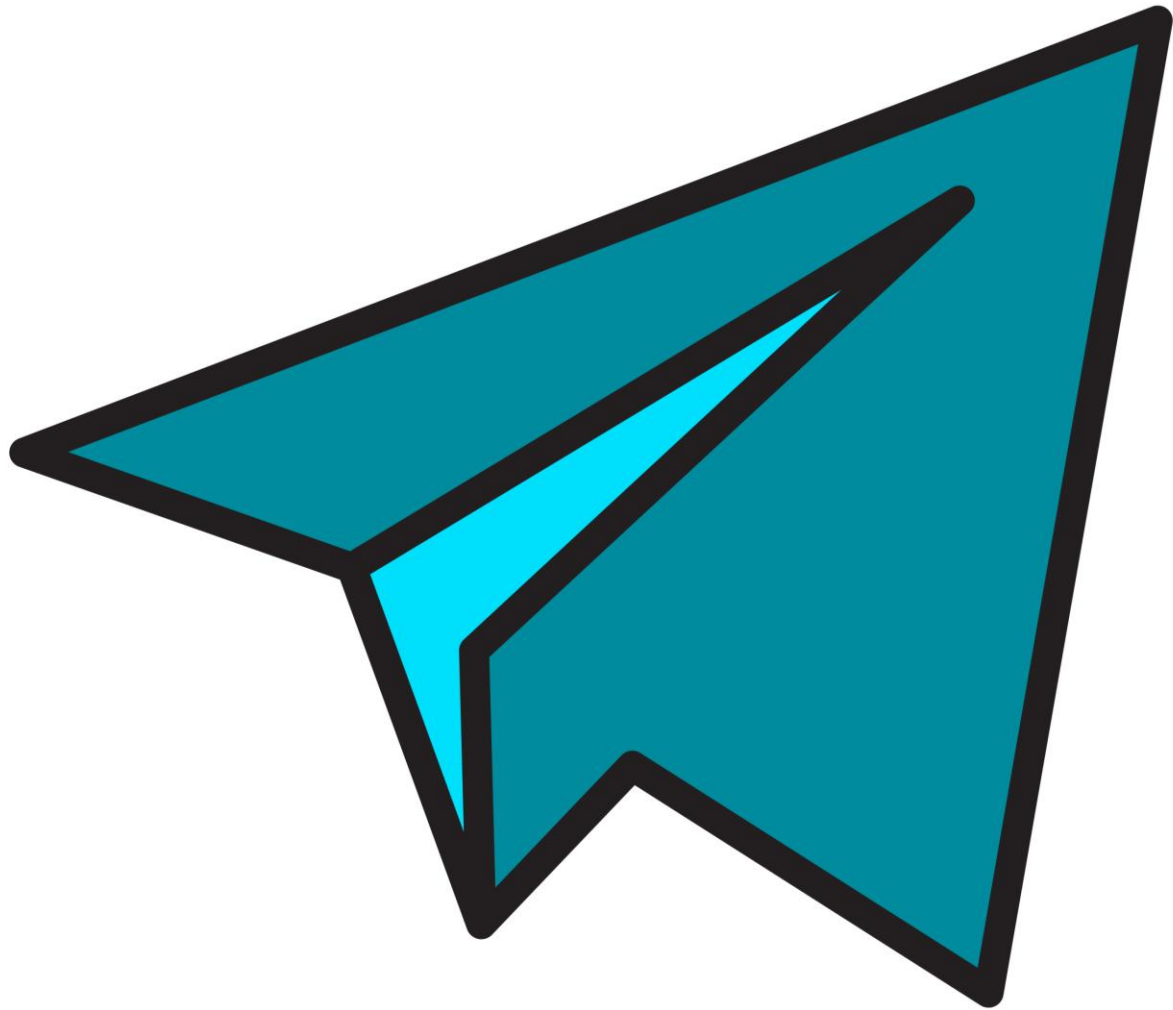# Design for the Mouse to Save the Lion:

Why Health Equity Practices Matter

Evan Thornburg (she/they), Health Equity Special Advisor

Overview

- Philadelphia's EHE Plan
- Quick Definitions
- Case Studies
- Q&A

Community Agreements

No Judgement!

Leave What's Said; Take What's Learned

Feelings & Facts

Ownership

Ask, Share, Laugh!

Health Inequity

Differences in health between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy, or other socially determined circumstances.

BARHII, Local Health Department Organizational Self-Assessment for Addressing Health Inequities

Health Equity

A state in which every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions.

CDC, Promoting Health Equity, 2008

significant differences in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in a racial or ethnic minority population as compared to the health status of the general population. Health disparities refer to measured health differences between two populations, regardless of the underlying reasons for the differences.

Health disparities
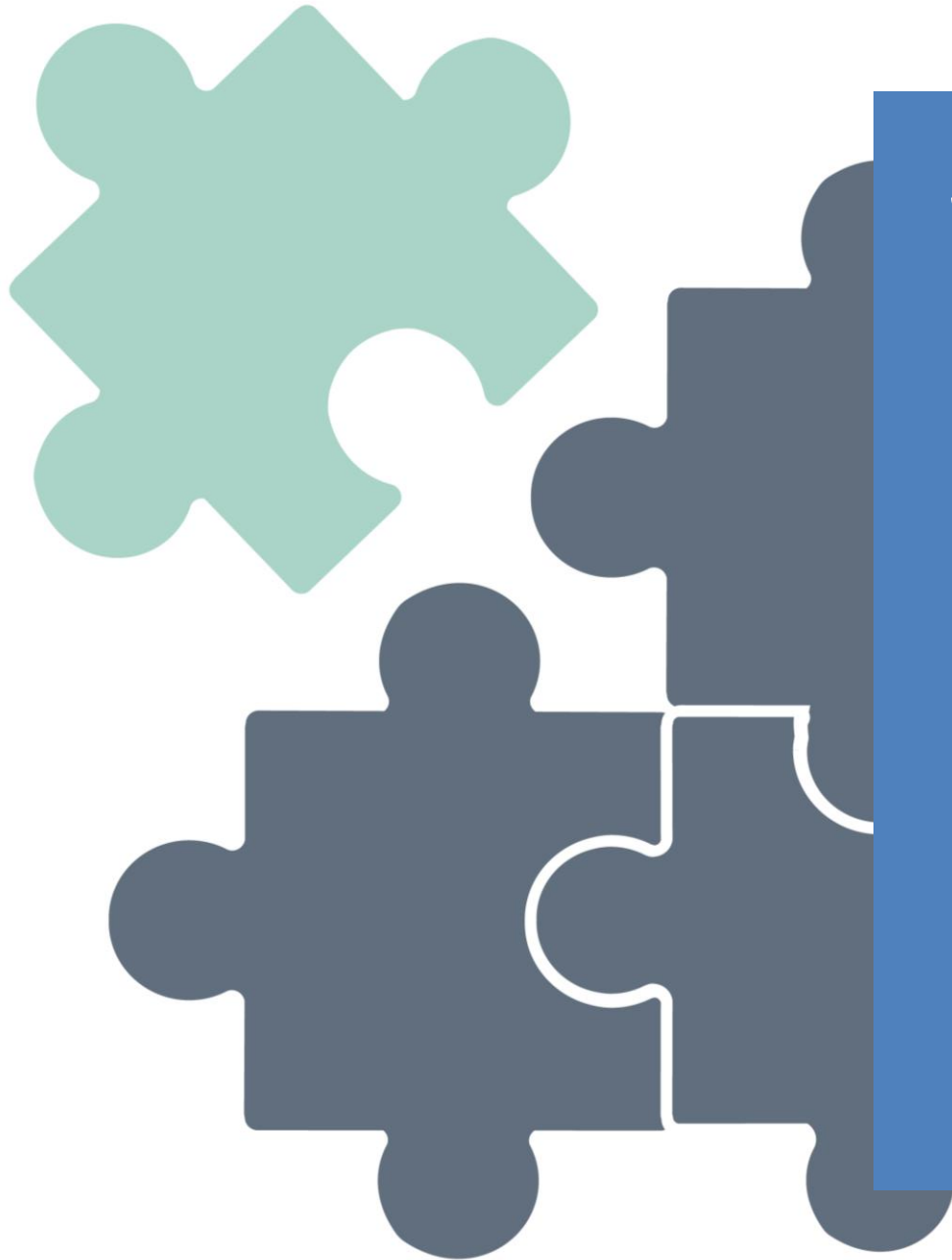
Social Determinants

Conditions in the social and physical environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies, and institutions that influence the life of an individual or community. The physical environment refers to both the natural and human-made environments and how they affect health.
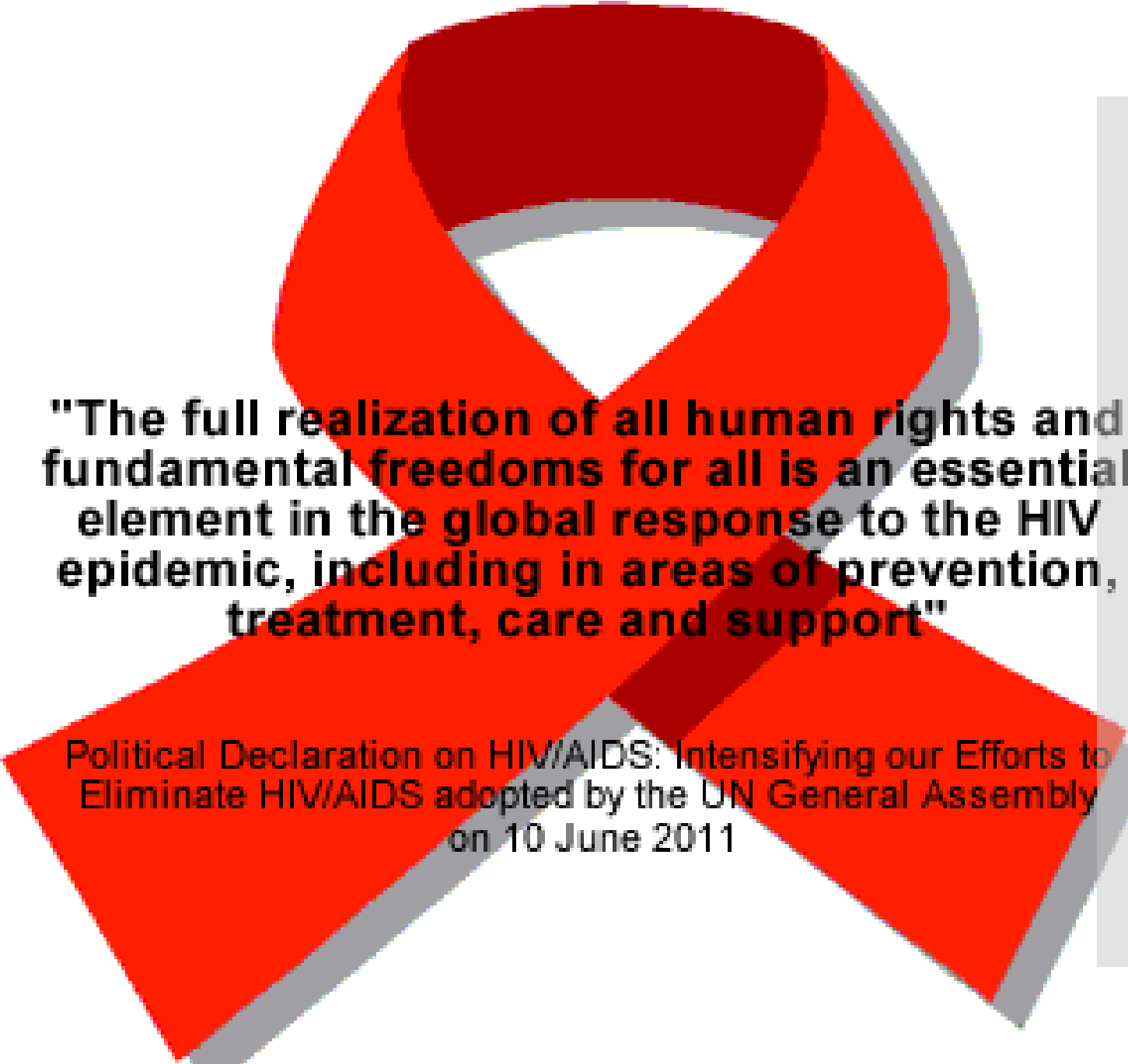
Harris County Department of Public Health, Health Equity Policy, 2015

The EHE Plan

75% reduction in Citywide positives by 2025

90% reduction in Citywide positives by 2030

Addressing Causation and Engaging Prevention – Meeting Our Goals

"The full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in areas of prevention, treatment, care and support"

Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS adopted by the UN General Assembly on 10 June 2011

Key Work

- Health Equity Policy
- Drafting and execution of health equity assessments for providers & grantees
- Execution of equity plans for grantees
- Cross collaborations and trainings on health equity with several PDPH departments
- Drafting and finalization of Low HIV Health Literacy guide and training
- Ongoing All Staff Explored Identity Series conversations
- Surveying consumers experience of clinical providers post equity plans execution
- Surveying consumers HIV health literacy and understanding of HIV clinical care for improvement and increase in autonomy
- Continued trainings on intersectional and diverse marginalized groups
- QIP reporting tracking efficacy of equity plans

Social Determinants of Health

- Access to healthy food
- Oppression vs Privileged
- Having a home
- Access to consistent and prevention based healthcare
- Being gainfully employed
- Having an interpersonal support network
- Ability to build wealth
- Access to education
- Living somewhere that is and/or you feel is safe
- Environment/Geography

A Snapshot

- **Black women are 4x as likely to die from birth and post birth complications compared to white women, regardless of socioeconomic bracket**
- **Elders/Seniors are 630x as likely to die of COVID-19 upon contracting it; they are 13x more likely to be hospitalized**
- **Indigenous/Native/First Nation individuals are 5x as likely to be hospitalized for COVID-19; Black individuals are 2x as likely to die**
- **People with hearing loss are 2x as likely to be unemployed, regardless of education**
- **The largest wage gaps exist for employees with cognitive impairments**
- **34% of people with disabilities report not seeking health care because of cost; 34% also report household incomes less than $15,000/year**
- **Cost of accommodations are listed as a key reason for dismissing a person with a disability**
- **23% of documented immigrants are uninsured; 45% of undocumented immigrants are uninsured**

Workplace Discrimination and Visual Impairment Research Report, CDC Coronavirus Surveillance Data, Why Do Workers with Disabilities Earn Less? Report, Employment and Adults who are Deaf or Hard of Hearing Report, CDC Pregnancy-related Mortality Surveillance System, Kaiser Family Foundation Health Coverage of Immigrants Report, Persons with Disabilities as Unrecognized Health Disparity Population Article from the US National Library of Medicine

Effects of an Intersection

Maternity Mortality Rate in US: 18 in 100,000 live births… White Women: 12 in 100,000 live births… Black Women: 40 in 100,000 live births

2018: 48% of Black Women's pregnancy associated deaths determined to be pregnancy related; White Women were 28%

42% of pregnancy associated deaths determined to be pregnancy related were women between 35-44 years old

Cardiovascular/Coronary conditions & Preeclampsia/Eclampsia are leading causes of death for both Black women and women 35-44

68-70% of Cardiovascular/Coronary and Hemorrhage deaths were preventable

*CDC, Maternity Mortality Review Committees

Key Points Questions

- What do you see in the existing data?
- What is the cause of the health issue?
- What other methodologies could be used to explore this health disparity?
- What could be changed to create more equitable outcomes?
- Have you seen a similar example in HIV or public health?
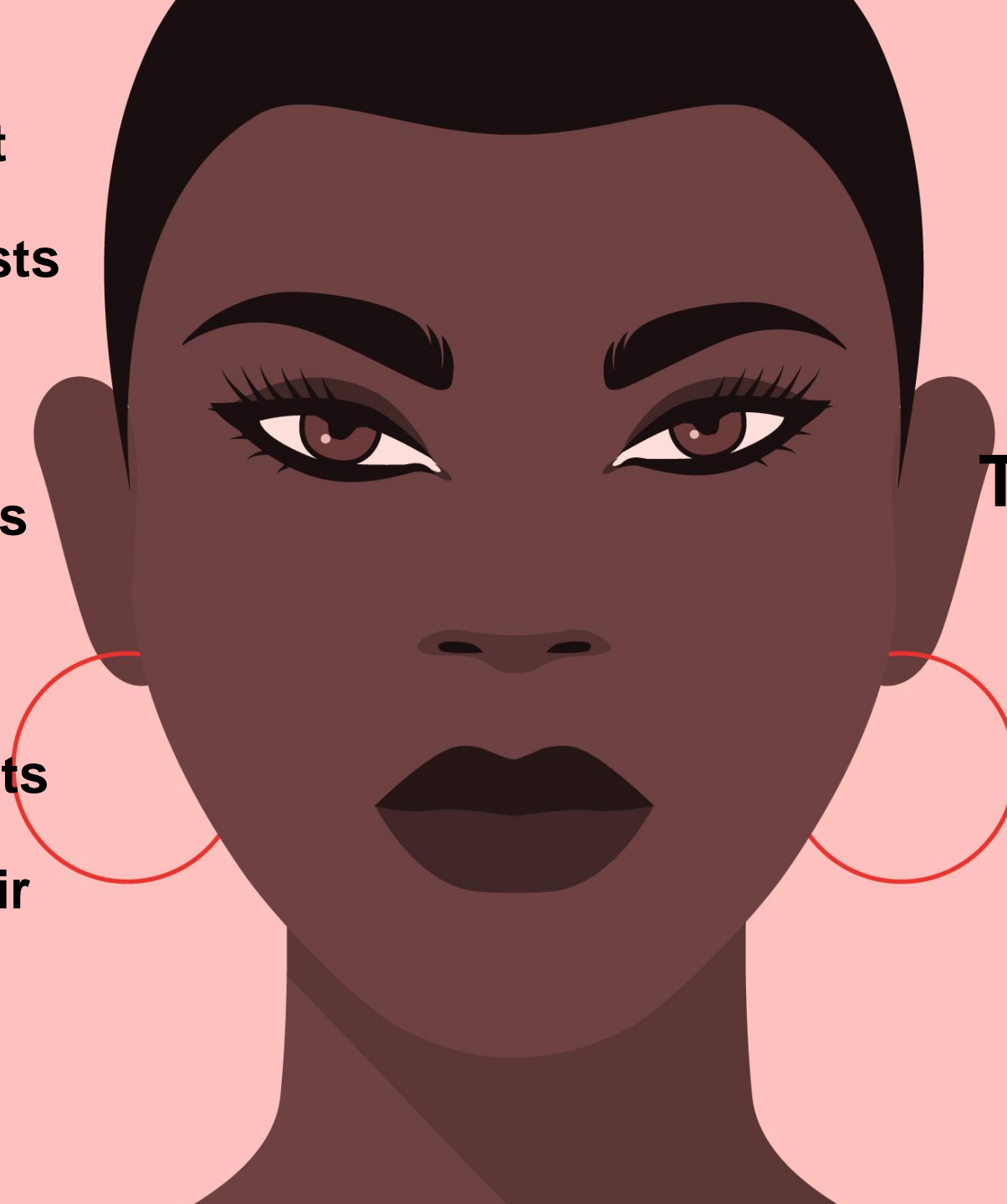
- **Black women are at higher risk for ovarian fibroids/cysts**

- **Having benign gynecological comorbidities raises the risk of ovarian cancer**

- **Certain hair products that are used to straighten black hair have carcinogens linked to ovarian fibroids/cysts**

The Ovarian Cyst Dilemma
Dr. Ami Zota

How to Embed Equity in Data

- Push past individual responsibility and behavior - the final cause is usually systemic

- Race is a construct, so the disparity must connect to something social

- Know when to disaggregate and collate

- Acknowledge - flaws and weapons

- Protect the vulnerable - do we need to collect this?

- Mixed methodologies

- Agency - make community subjects collaborative researchers

How does government bias (municipal, state, and federal) affect public health?

Government & Public Health

The Indiana Dilemma
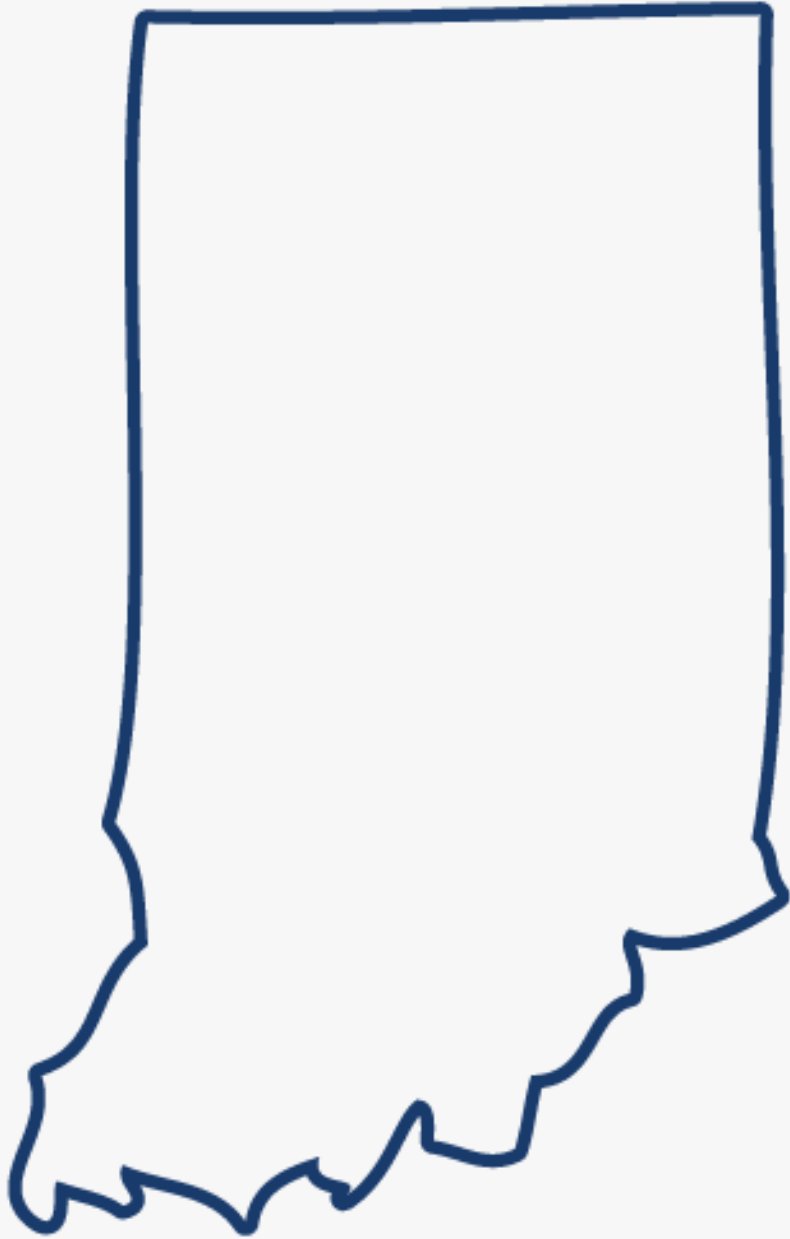
- **Scott County, ID**
  - 4,200 residents
  - High unemployment
  - High PWID population
- **2011**- Bill passed at state level cutting funding to Planned Parenthood
- **2014** – Half of Planned Parenthood government funding disappears, they close the branches in Scottsburg, Madison, Richmond, and Warsaw counties
- **January 2015** – Rise in cases detected
  - 11 cases in a county that previously had reported 5 cases between 2004 – 2013
- **March 2015** – Case count reaches 79, State of Emergency declared
- **May 2015** – Pop up testing site provided, 135 cases discovered, 90% co-infection with Hepatitis C
- **June 2015** – 480 exposures detected
- **November 2015** – Retesting initiated in county for high-risk residents
- **2016** – Indiana Department of Public Health and CDC investigators determine the final number of positives from this outbreak is 235

Key Points Questions

- How did bias in leadership lead to this?
- How do you see public health, morality/bias, and governance overlapping or potentially interacting again?
- What do you think are unforeseen long-term effects of what happened?
- Have you seen a similar case in other areas of health?

What You Can Do

professional

- Policies, Programs, Paperwork, Procedures, Pay Equity
- Proactive Prevention instead of Reactive Response
- Professional Development and Training
- Rights, Responsibilities, Resources, and Relationships
- Communication and Conversation

Personal

- Learn More, Judge Less
- Step Up, Step Back, Step in Front
- Watch your Language
- Hard on the Issue, Soft on the Person
- Listen Believe Respect Support

Resources

- **CDC's National Center for Chronic Disease Prevention and Health Promotion -** https://www.cdc.gov/chronicdisease/healthequity/index.htm
- **American Public Health Association -** https://www.apha.org/topics-and-issues/health-equity
- **Black Doctors Consortium -** https://blackdoctorsconsortium.com/
- **Promoting Health Equity Resource Guide -** https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf
- **The National Academies of Sciences, Engineering, and Medicine's Pathways to Health Equity -** https://www.ncbi.nlm.nih.gov/books/NBK425848/pdf/Bookshelf_NBK425848.pdf
- **Kaiser Family Foundation -** https://www.kff.org/

Resources

● **Kimberle Crenshaw TEDTalk:**
www.ted.com/talks/kimberle_Crenshaw_the_urgency_of_intersectionality/up-next?language=en

● **Dr. Dorothy Roberts TED Talk:**
https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine

●**Anti-Oppression Resource and Training Alliance (AORTA):**
www.aorta.coop

●**Lean In:** www.leanin.org

● **Catalyst:** www.catalyst.org

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